PLEASE PRINT AND WRITE LEGIBLY!
NIGHT SHIFT DAILY PROGRESS NOTE

Client Name: [redacted] Date: 1-19-2020
Target Behavi[redacted] Level of Supervision: CO

SLEEPING PATTERNS	RESTRAINTS	SERIOUS INCIDENTS (Fill in the type of incident.)
☐ Encopresis ☐ Enuresis ☐ Did Not Sleep at All ☐ All Night ☑ Most of the Night ☐ Often Awake	☐ Children's Control Position ☐ Team Control Position ☐ Transport ☐ Short Personal Restraint ☑ None	☐ _____ ☐ _____ ☐ _____ ☐ _____ ☑ None
LEVEL OF SUPERVISION	**BEHAVIOR CONSEQUENCES**	**FYI's**
☑ CO=Close Observations/Normal Supervision ☐ ES= Eyesight ☐ 1:1= One to One	Any Behavior Consequence forms completed for this child? ☐ YES ☑ NO	Any FYI Forms completed for this child? ☐ YES ☑ NO

GENERAL NOTATION CATEGORIES

AFFECT

☐ Sad/ Depressed	☐ Angry/ Irritable	☐ Disappointed	☐ Intrusive/ Impulsive
☐ Anxious/ Worried	☐ Scared	☐ Silly/ Childish	☑ Compliant
☐ Restless	☐ Happy	☐ Frustrated	☐ (Other)

Client Program Restrictions and/or Precautions: Close observation

DAILY NARRATIVE (Attach an addendum for additional information)

Client was asleep in room upon arrival. client awoke at 9:15pm and said her leg was hurting, gave her water and she went back to bed. woke up again at 1:40am complaining of pain in her Right leg (calf area) and was limping when she walked. Tossed and turned most of the night until 2:45am. was give some ~~tylenol~~ Ibprophen. Client slept the rest of the night.

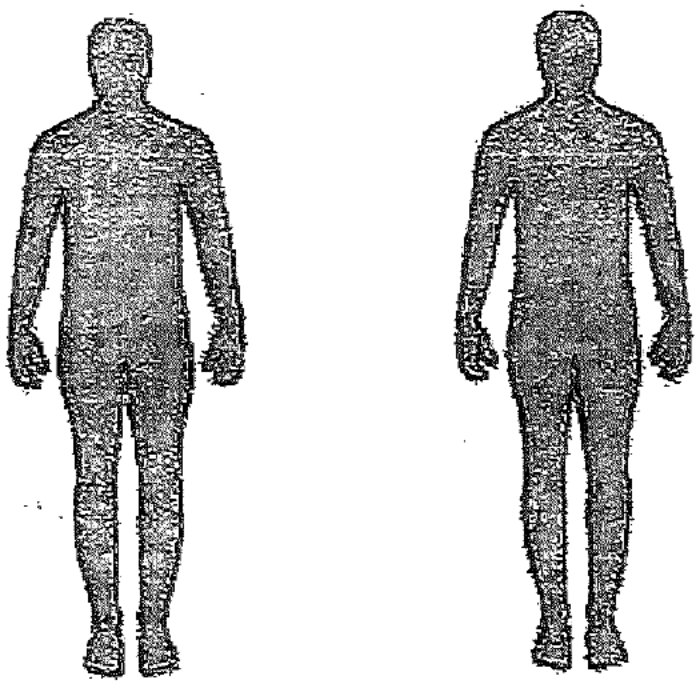
Staff Reporting: [redacted] Time of Entry: 6:00 am

Signature of Facility Administrator or Designee:

HEALTH CHECK-Only If needed
CIRCLE YES OR NO ON THE CHART LISTED BELOW

1. Scrapes/ Abrasions: Yes or No 2. Birthmark: Yes or No 3. Bruises: Yes or No 4. Scratches/ Lacerations: Yes or No 5. Deformities: Yes or No 6. Pierced Ears, Nose, Body Parts: Yes or No 7. Lice: Yes or No	8. Lesions: Yes or No 9. Rashes: Yes or No 10. Scars: Yes or No 11. Tattoos: Yes or No 12. Prosthesis: Yes or No Other: N/A

If a "YES" response is indicated, mark the body figures with the appropriate number in the area the abnormality is located. Add a description of these in the "Comments Section." Describe the color of all bruises and the color, length, and width of all scars.



FRONT BACK

Comments: N/A

Form Completed by:

[redacted] [redacted] 1-19-20

Staff Print Name Staff Signature Date